



County of San Bernardino

F A S

STANDARD CONTRACT

AMENDMENT #10

FOR COUNTY USE ONLY

E	New	Vendor Code		SC	Dept.	BDF	A	Contract Number	
M	<input checked="" type="checkbox"/> Change							94-1134 A10	
X	Cancel								
County Department					Dept.	Orgn.	Contractor's License No.		
Board of Supervisors									
County Department Contract Representative					Ph. Ext.		Amount of Contract		
Jerry Eaves					(909) 387-4565				
Fund	Dept.	Organization	Appr.	Obj/Rev Source	Activity	GRC/PROJ/JOB Number			
AAA	BDF	BDE	200	2445					
Commodity Code			Estimated Payment Total by Fiscal Year						
			FY	Amount	I/D	FY	Amount	I/D	
Project Name									

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Alphonso H. Twine

hereinafter called Contractor

Address

(address on file)

Phone

Birth Date

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Effective July 1, 2003, paragraph 3 of Contract No. 94-1134 are hereby amended to read as follows:

3. TERM

Services of Contractor shall commence on October 3, 1994 and terminate on December 7, 2004.

Except as amended, all other terms and conditions of this contract remain in full force and effect.

COUNTY OF SAN BERNARDINO



 Dennis Hansberger, Chairman, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
 DOCUMENT HAS BEEN DELIVERED TO THE
 CHAIRMAN OF THE BOARD
 Clerk of the Board of Supervisors
 of the County of San Bernardino.

By _____
Deputy

(Print or type name of corporation, company, contractor, etc.)

By  _____
(Authorized signature - sign in blue ink)


Name Alphonso H. Twine
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address (address on file)


Approved as to Legal Form


 County Counsel

Reviewed by Contract Compliance

 _____

Reviewed for Processing


 Agency Administrator/CAO

Date _____ | Date _____ | Date _____